

<input type="checkbox"/> ATTORNEY: Bar No.: _____ NAME AND MAILING ADDRESS OF REQUESTING PARTY: _____  TELEPHONE NUMBER: _____	<i>FOR COURT USE ONLY</i>  <h2 style="margin: 0;">RECEIVED</h2>  DATE: _____ CONNIE MAZZEI CLERK OF THE SUPERIOR COURT  _____, Deputy
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY</b> <input type="checkbox"/> Salinas Division – 240 Church Street, Salinas, CA 93901 <input type="checkbox"/> King City Division – 250 Franciscan Way, King City, CA 93930 <input type="checkbox"/> Marina Division – 3180 Del Monte Boulevard, Marina, CA 93933 <input type="checkbox"/> Monterey Division – 1200 Aguajito Road, Monterey, CA 93940	<b>REQUEST FOR RECORD SEARCH AND COPIES</b>
CASE NUMBER: _____	

Please complete the information below to request a record search or copies of court records. You will be required to pay the required fees in advance of the records being provided to you.

Please complete all known information:

Name to be searched: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  

*First*
*Middle*
*Last*

Driver's License: \_\_\_\_\_ Filing Date: \_\_\_\_\_ Disposition Date: \_\_\_\_\_

If case number is unknown provide approximate case filing time period: \_\_\_\_\_  
*(Years to be searched)*

Document(s) Requested (Please be as specific as possible)	Certification Requested

☐ Will Wait   ☐ Please Mail (provide self-addressed stamped envelope)   ☐ Please Call for Pick Up   ☐ Please Hold Until \_\_\_\_\_

Record Search Fee:                      \$15.00 per name searched  
Copy Fee:                                      \$ .50 per page  
Certification Fee:                      \$25.00 per document

Please issue a check payable to the **Superior Court** and **mail to: Attn: Criminal Records, 240 Church Street, Salinas, CA 93901**. The Clerk's Office accepts cash, checks, money orders, MasterCard, VISA and American Express. There is an additional fee for paying by Visa or American Express. All checks must be preprinted with account holder's name and address.

If you are unable to determine the amount due, submit a check payable to the Superior Court with an amount stating "**Not to exceed \$75.00 Dollars**"; this is an estimated amount for the fees due. This payment will allow the Clerk to process your request and to apply the monies to the cost of the research and any other records-related fees. The Clerk will write-in the actual amount due on the check, not exceeding the authorized amount of \$75.00. If there is an overpayment a refund will be issued within 30 days after the check has posted. **PLEASE DO NOT MAIL CASH.**

<i>FOR COURT USE ONLY:</i>			
Record Search Fee:	\$15.00	Total \$	_____
Copy Fee:	.50 x number of pages _____	Total \$	_____
Certification Fee:	\$25.00 x number of documents _____	Total \$	_____
<input type="checkbox"/> Waiver of Court Fees (Filed and accepted) <input type="checkbox"/> Cash/Money Order <input type="checkbox"/> Check <input type="checkbox"/> Credit Card			